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RCE**REQUEST**

FOR

**CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Application Number

09/765,714

Filing Date

January 18, 2001

First Named Inventor

Baker, Sidney M.

Art Unit

3627

Examiner Name

Vanel Frenel

Attorney Docket Number

059376-00002

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114**

Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☐ Previously submitted. If a final Office Action is outstanding, any amendments filed after the final Office Action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

ii. ☐ Other

b. ☒ Enclosed

i. ☒ Amendment/Reply

iii. ☐ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other:

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other _____

3. **Fees**

The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the amount of **\$405.00** in payment of the required RCE fee and the amount of **\$525.00** in payment of the required Extension of Time fee to Deposit Account No. **50-0540**. A duplicate of this page is enclosed.

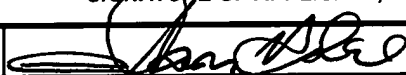
b. ☒ The Director is hereby authorized to charge any fee deficiency, or credit any overpayments, to Deposit Account No. **50-0540**

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature



Registration No. (Attorney/Agent)

44,733

Name (Print/Type)

Aaron Haleva

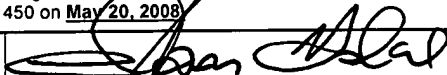
Date

May 20, 2008

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Signature



Name (Print/Type)

Aaron Haleva

Date

May 20, 2008

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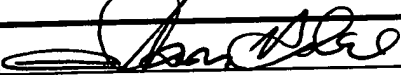
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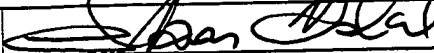
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Name (Print/Type)	Aaron Haleva	Date	May 20, 2008

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